

Work Order ID 105804

August-19-13 11:28:37 AM

105804

206
Page 1

Item ID: 646.9601

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: UPPER CUTTER ASSY

Stop

NS2

Start Date: 8/19/13 Start Qty: 8.00

8

Cust Item ID:

Required Date: 9/03/13 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals: Process Plan: MJS

Date: 13-08-19

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
646.9600	N/C

110 Pick Kit 0.00

110

Packaging

Packaging

DAS
05
13-11-22

120 0.00

120

Small Fab

Small Fab

Memo 0.00

Assemble as per dwg and apply loctite 598 on all faying surfaces per note 2.

A/R RTV LOCTITE 598: 125306
exp. date: 04/14

DAS
05
13-11-22

130 QC5- Inspect part completeness to step on W/O 0.00

130

QC

Quality Control

21
8/11/13

8

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

Work Order ID 105804

August-19-13 11:28:37 AM

105804

Page 2

Item ID: 646.9601

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: UPPER CUTTER ASSY

Stop

NS2

Start Date: 8/19/13 Start Qty: 8.00

8

Cust Item ID:

Required Date: 9/03/13 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

140

Identify as per dwg & Stock Location: 87429

0.00

DAS

26

9-89

140

Packaging

Packaging

Memo

0.00

IDENTIFY AS PER IAW MPP-120

8x

13-11-28

150

QC21- Final Inspection - Work Order Release

0.00

150

QC

Quality Control

Memo

0.00

ML5 13-12-03

ML5 13-12-03

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
													<input type="checkbox"/> Other	

Picklist Print

Page 1

August-19-13 11:28:41 AM

Work Order ID: 105804

105804
646 9601

Parent Item: 646.9601

Parent Item Name: UPPER CUTTER ASSY

Start Date: 8/19/13

Start Qty: 8.00

Required Date: 9/03/13

Required Qty: 8.00

Comments: IPP REV:A 12.08.13 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
646.9701 *646 9701* Cutter Sub Assembly		Manufactured	No			110	Each	39.0000	1	8	**	<i>m/n</i>	13.11.20

Location	Loc Qty	Loc Code
MF	39	<i>91287 x6</i>
89707	7	<i>106409x2</i>
<u>91287</u>	18	
91788	12	
92558	2	

646.9811 *646 9811* Upper Deflector	Manufactured	No			110	Each	15.0000	1	8	**	<i>m/n</i>	13.11.21
--	--------------	----	--	--	-----	------	---------	---	---	----	------------	----------

Location	Loc Qty	Loc Code
MF	4	<i>106375x3</i>
m126249	4	
ST437	11	
<u>89842</u> X43	9	
<u>91277</u> X42	2	

MS21042L08 *MS210421 08* Nut	Purchased	No			110	Each	3,189.000	3	24	**	<i>m/n</i>	13.11.20
---	-----------	----	--	--	-----	------	-----------	---	----	----	------------	----------

Location	Loc Qty	Loc Code
ST315	1189	<i>127304</i>
122141	3	
122452	9	
122814	500	
123900	677	
ST505	2000	
125445	2000	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

OA Closed: Date:

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging	Engineering Quality Other			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data Equip/Tooling Operator Material Setup Other Process Supplier Training Unapproved											
FAULT CATEGORY											
Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				General Bend BOM/Route Broken/Damaged Burrs Contamination Countersink Cut Too Short Drill Holes Drawing Finish Folio		Grain Hardware Inspection Incomplete Instructions Incomplete/Unclear Maintenance Mislabeled Misread Offset Out of Calibration Out of Sequence Outside Dimensions		Ovalized Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge		Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled Other	

Picklist Print

Page 2

August-19-13 11:28:41 AM

Work Order ID: 105804

105804
646 9601

Parent Item: 646.9601

Parent Item Name: UPPER CUTTER ASSY

Start Date: 8/19/13

Required Date: 9/03/13

Start Qty: 8.00

Required Qty: 8.00

MS27039-08-19

Purchased

No

110

Each

2,228.000

3

24

**

 13-11-20

MS27039-08-19

Screw

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
ST307	89	<u>125654</u>
	123525	
ST308	40	
	m126474	
ST309	899	
	125654	
st510	1200	
	124309	

NAS1149FN832P

Purchased

No

110

Each

15,488.00

6

48

**

 13-11-20

NAS1149FN832P

Washer

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
ST294	5512	<u>123900</u>
	123522	
	123900	
ST510a	5112	
	9976	
	125268	
	9976	

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>							
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE				NO.	02743	SHEET 1 OF 1		
	DWG NO.		646.9600	REV:N/C	PREPARED BY	S.HUFF	EFFECT ON DWG		
	DWG TITLE:		CUTTER ASSY				<input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.		
	APPROVED BY:	ENGR:	<i>P. Brans</i>	MFG	<i>Amiel Jones</i>	QC	<i>Mark Lazar</i>	EFF: NEXT ORDER	
TRANSACTION CODES (TC)		REASON: REVISED SCREW LENGTH.							
A-ADD R-REVISE		C-CREATE D-DELETE							

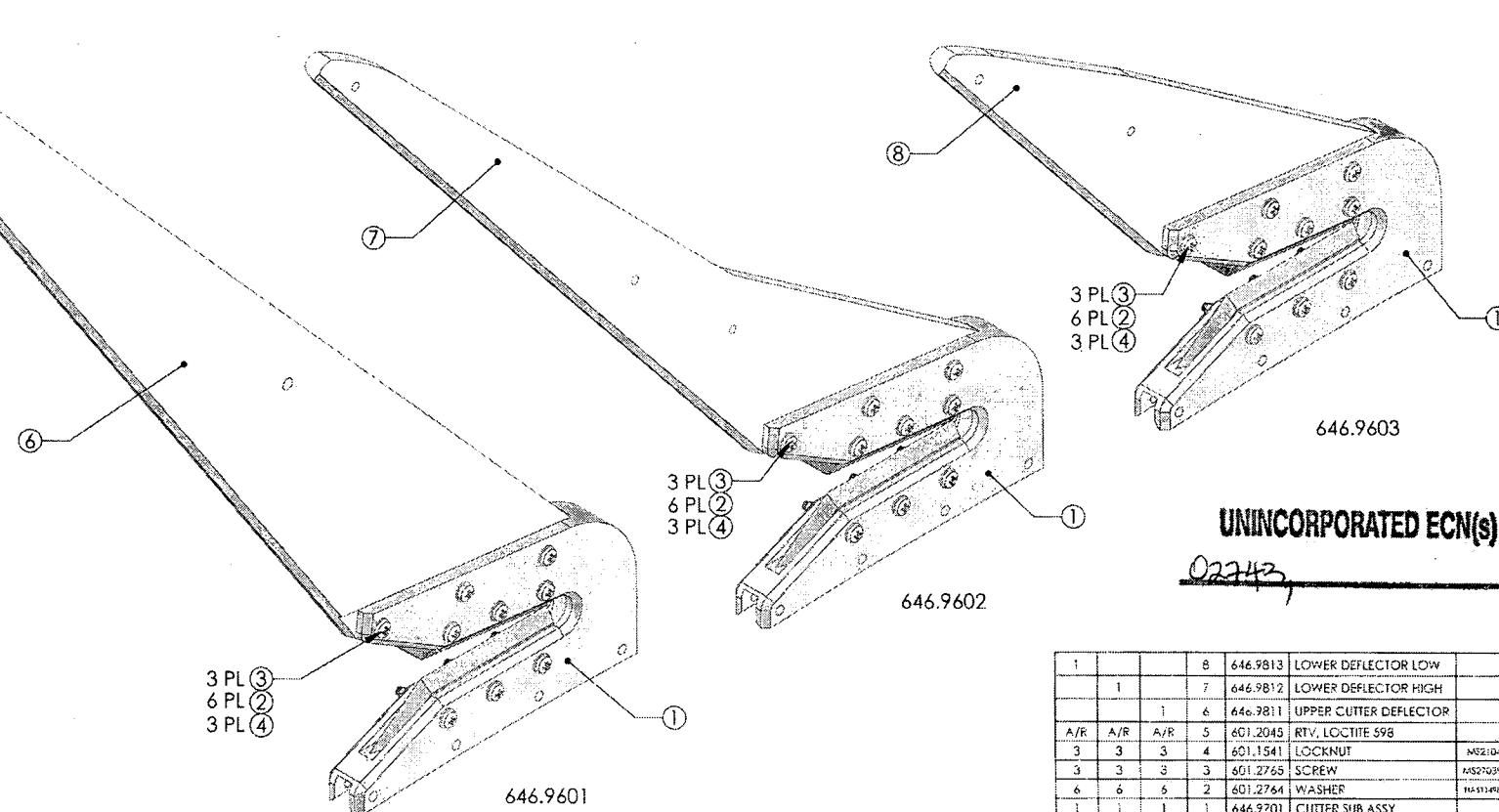
EX-100

105804 M/S
13-08-19

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION		
3	R	601.3157	3	3	3	SCREW	MS27039-0818
			.9603	.9602	.9601		
DOCUMENTS EFFECTED:						CHANGE CATEGORY	DER REVIEW REQUIRED
<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input checked="" type="checkbox"/> ICA <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BOM						<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

FREIGHT		
PT#	DESCRIPTION	DATE APPROVED
LASH MOUNTING POSITION 101		10/10/09
10101	10/10/09 P PRADO	

105804



NOTES:

1. IDENTIFY IAW MPP-120
2. APPLY F/N 5 AS REQUIRED TO ALL FAYING SURFACES OF F/N 1, 6, 7, & 8 UPON ASSEMBLY

UNINCORPORATED ECN(s)

02343

1	2	3	4	5	6	7	8	9	10
				646.9813	LOWER DEFLECTOR LOW				
				646.9812	LOWER DEFLECTOR HIGH				
				646.9811	UPPER CUTTER DEFLECTOR				
A/R	A/R	A/R	5	601.2045	RTV/LOCTITE 598				
3	3	3	4	601.1541	LOCKNUT	MS21042103			
3	3	3	3	601.2765	SCREW	MS2103942819			
6	6	6	2	601.2764	WASHER	MS11418130			
1	1	1	1	646.9701	CUTTER SUB ASSY				
				646.9603	LOWER CUTTER ASSY LOW				
				646.9602	LOWER CUTTER ASSY HIGH				
				646.9601	UPPER CUTTER ASSY				
9603	9602	9601	FIND #	PART #	DESCRIPTION	MATL	SPEC.		
PARTS LIST									
APICAL INDUSTRIES									
2608 TEMPLE HEIGHTS DR OCEANSIDE, CA. 92056-3512 (760)724-5300									
CUTTER ASSY									
WE	CAKE CODE	DWG NO	646.9600	REV.	N/C				
5	07M16								
SCALE NONE									
SHEET 1 OF 1									

NEXT ASSY (S)		ORIGINAL DATE (MONTH-YR)	DESIGNER	APPROVING ENGINEER	APPROVING MANAGER	APPROVING TECHNICAL MANAGER	APPROVING QUALITY MANAGER	APPROVING SAFETY MANAGER	APPROVING ENVIRONMENTAL MANAGER	APPROVING MANUFACTURING MANAGER	APPROVING SALES MANAGER	APPROVING GENERAL MANAGER
646.9500												
APICAL INDUSTRIES												
2608 TEMPLE HEIGHTS DR OCEANSIDE, CA. 92056-3512 (760)724-5300												
CUTTER ASSY												
WE	CAKE CODE	DWG NO	646.9600	REV.	N/C							
5	07M16											
SCALE NONE												
SHEET 1 OF 1												